

Huron Township Police Department

36500 S. Huron Rd.
New Boston MI 48164

Phone: 734-753-4400
Fax: 734-753-2219

Employment Application

prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status.

Personal Information

Last	First	MI	SSN#	Email	
Street Address		City	ST	Zip	Home Phone Mobile Phone
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Date of Birth	
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:			
Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No War	
What position are you applying for?		How did you hear about this position?			
Expected Hourly Rate	Expected Weekly Earnings		Date Available		
Have you ever applied with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Prior Work Experience

	Current or Most Recent		Prior		Prior	
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/Job Title						
Pay						
Reason for Leaving						
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

	Name/Location	Last Year Complete	Degree	Major or Emphasis
High School		9 10 11 12		
College/University		1 2 3 4		
Trade School				
Other				
List any applicable special skills, training or proficiencies.				

Personal References

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records. I understand that the employer may engage in investigative background check to include a consumer reporting agency report. I authorize the employer to do so. I further understand that I have the right, at my request, to information on the reporting agency used so I may obtain the nature and substance of information provided to the employer. I understand that the acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature

Date